HOUSING SERVICES DEPARTMENT
SECTION 8 DIVISION
307 RIVERVIEW
WICHITA, KS 67203
(316) 268-4683 – Voice
(316) 337-9103 – Fax

APPLICANT UPDATE FORM

DATE:	APPLICATION #:
NAME:	SS#:
DATE OF BIRTH:	NEW PHONE #:
NEW ADDRESS:	(street, city, state, zip)
OLD ADDRESS:	(street, city, state, zip)

FAMILY MEMBERS

Last Name	First Name	Age	Sex	Relationship	SS#	Birth Date

MONTHLY INCOME: \$ SOURCE OF INCOME:

CURRENT RENT: \$ CURRENT MONTHLY UTILITIES: \$

LOCAL PREFERENCES

A REFERRAL FOR EACH PREFERRENCE CLAIMED MUST BE SUBMITTED AT THE TIME OF UPDATE.

A. I CLAIM THE FOLLOWING LOCAL PREFERENCE(S):

HOMELESS (a) an individual or family which lacks a fixed, regular and adequate nighttime residence; or (b) an individual or family which has a primary nighttime residence that is shelter; an institution that provides temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

INVOLUNTARY DISPLACEMENT Individuals or families displaced by governmental action or whose dwellings has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

VICTIM OF DOMESTIC ABUSE

CURRENTLY ENROLLED IN EDUCATIONAL TRAINING OR UPWARD MOBILITY PROGRAM

HOUSEHOLD CONTAINS MEMBERS WITH DISABILITY (Mainstream Program)

LACK OF HOUSING CREATES IMMINENT SEPARATION OF CHILDREN FROM FAMILY RE-UNIFICATION (Family Unification Program)

ARE A YOUTH 18 TO 21 YEARS OLD WHO LEFT FOSTER CARE AT AGE 16 OR OLDER AND LACK ADEQUATE HOUSING (Family Unification Program)

B. I AM NOT ELIGIBLE TO CLAIM LOCAL PREFERENCE(S) FROM GROUP A.

I DO NOT CLAIM A LOCAL PREFERENCE; HOWEVER, I WOULD LIKE TO BE LEFT ON THE WAITLIST AS A GENERAL APPLICANT.